



EXHIBITORS ARE RESPONSIBLE FOR OBTAINING ALL REQUIRED LICENSES OR PERMITS FOR THE SHOW

All Exhibitors

You **MUST** update your risk, comprehensive and general liability insurance to cover your vehicles and employees during move-in, the show and move-out. GS Events and the Renaissance Schaumburg Convention Center **WILL NOT BE** responsible for loss or damage of any property. Fax Certificate of Insurance to 270-438-4723.

ALL EXHIBITORS must submit the Exhibitor Approval Application attached.

Dealers

You must obtain any Dealer Off-Site Sale Permits required by the State.

Retail Selling

Exhibitors are required to collect appropriate sales tax on items sold and file the required tax forms. **The attached tax form must be submitted within 10 days of the close of the show.**

Special Event Tax Collection Report and Payment Coupon

Form IDOR-6-SETR (R-03/16)



Read this first

Exhibitors: All exhibitors making sales in Illinois are required to report and pay all tax due based on their total receipts within ten (10) days of the close of the exhibit. The current tax rate for the location of the special event is printed on the coupon to assist you in calculating your tax due. If you have questions, call us at (847)294-4475.

Event coordinators: Please distribute this form to each exhibitor making sales at your special event.

Special Event Information

THE GREATER CHICAGO RV SHOW - SCHAUMBURG

Start Date: January 17, 2020

1551 THOREAU DR N
SCHAUMBURG IL 60173-4146

End Date: January 19, 2020

01601164

03459-95520

The current tax rate for this event is 10%.

Please complete the following coupon and send it with your payment to:

COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

Make your payment payable to the Illinois Department of Revenue.



Illinois Department of Revenue Special Event Tax Payment Coupon

Form IDOR-6-SETR (R-03/16)

(133)

Mail completed form to:
COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

01601164

THE GREATER CHICAGO RV SHOW - SCHAUMBURG

03459-95520

January 17, 2020 - January 19, 2020

Step 1: Identify yourself

Business name: _____ Telephone no. (____) ____-____
Name: _____ Social Security no. ____-____-____
Address: _____ FEIN: ____-____-____

<Other no.> _____
Email address: _____

Step 2: Figure your tax due

Sales Related Taxes \$ _____ X $\frac{0.1}{\text{Total receipts}}$ = \$ _____
Current Tax Rate for this Location Amount tax due

005 005 000345995520 730 013120 3 00000000000000



VILLAGE OF SCHAUMBURG

**RENAISSANCE SCHAUMBURG CONVENTION
CENTER HOTEL**

EXHIBITOR APPROVAL APPLICATION
1551 Thoreau Drive, Schaumburg, IL 60173
Phone 847.303.4135
Email Form: chrsexhapp@marriott.com

Name of Exhibit: _____ Exhibit Booth Number _____

Name & Date of Event/Show: _____ Date _____

Contact Person: _____

Contact Info: _____ Telephone _____ E-mail Address _____

Type of Goods or Services on Display: _____

Explain: _____

IBT # _____ Tax Exempt: Yes _____ No _____ If yes, proof of exempt status required.
IL Business Tax Number

Check all that apply (refer to Event Planning Guide for explanation and details):

Fire Prevention

- ☐ Machinery and Equipment – Type: _____
- ☐ Smoke, Fog and Haze Machines (Fire Watch Required)
- ☐ Laser Displays
- ☐ Vehicle Displays
- ☐ Display or Storage of LPG/Flammable and/or Compressed Gases
- ☐ Flammable or Combustible Liquids (MSDS required)
- ☐ Open Flames prohibited, except where permitted for Cooking Exhibits
- ☐ Any Cooking or Heat Producing Appliances – Type: _____
- ☐ Enclosed and/or Multi-Story Exhibit Booths
- ☐ Hazardous Materials (MSDS required)
- ☐ Any other equipment/process that increases the risk to fire and life safety – Explain: _____
- ☐ Tents/Canopies/Bleachers

Building

- ☐ Permit required for temporary alterations made to the electric system
- ☐ Electrical Service in excess of 60 AMPS/480 Volts. Temporary Power Permit is required. Inspection required.

Health

- ☐ Food – Sampling
- ☐ Food Truck – Food Truck Sales Require Convention Center Approval
- ☐ Alcohol Sampling (requires a Class D One Day Liquor License & it must be displayed at the booth) – 2 oz. Sample size only
- ☐ Animals – Exhibits or Service Animal (Specify by circling one or both) – Vet Records Required
- ☐ Service performed on person (massage, facial, etc.)

Finance/Revenue

- ☐ Sale of any Merchandise to the public (IBT Required)
- ☐ Sale of Food
- ☐ Amusements/Admission Charge
- ☐ Fundraiser/Charitable Event
- ☐ Raffles/Prizes/Give away

CERTIFICATE OF INSURANCE (Attachment A)

ISSUE DATE _____

Producer: _____

THIS CERTIFICATE IS A REPRESENTATION OF THE COVERAGE AFFORDED BY THE POLICIES REFERRED TO BELOW

Phone: _____

Insured: _____

COMPANIES AFFORDING COVERAGE

| | |
|------------------|--|
| COMPANY LETTER A | |
| COMPANY LETTER B | |
| COMPANY LETTER C | |
| COMPANY LETTER D | |

COVERAGES

THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED AND THAT THE POLICIES MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE APPLICATION LEASE, PROJECT SPECIFICATIONS, REQUESTED FOR PROPOSALS, CONTRACT, REQUIREMENTS, LICENSE, PURCHASE ORDER REQUIREMENTS, OR CITY ORDINANCES.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EFFECTIVE DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS |
|--------|---|---------------|----------------------------------|----------------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrences <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Contractual Liability <input type="checkbox"/> X, C, U Coverage | | | | GENERAL AGGREGATE \$ PRDCTS-COMP OPS AGGREGATE \$ PERSONAL & ADVERTISE INSURY \$ EACH OCCURRENCE \$ FIRE DAMAGE-ANY FIRE \$ MEDICAL EXPENSE PER PERSON \$ |
| | AUTOMOTIVE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Vehicles <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Garage Keepers Liability <input type="checkbox"/> _____ | | | | COMBINED SINGLE LIMIT \$ BODILY INJURY - PER PERSON \$ BODILY INJURY - PER ACCOUNT \$ PROPERTY DAMAGE \$ |
| | EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY | | | | STATUTORY EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$ |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

SHOW NAME & DATES INCLUDING MOVE-IN AND MOVE-OUT SHOW LOCATION

☐ Contractual Liability covers all written and oral contracts between the insured and the City of Minneapolis

☐ The General Liability and Excess Liability policies name the City of Minneapolis, its officers, agents and employees as additional insureds and provide for severability of interest (cross liability) between the named insured(s) and the City of Minneapolis

CERTIFICATE HOLDER

**SHOW VENUE NAME &
GS MEDIA & EVENTS**
 250 Parkway Drive, Suite 270
 Lincolnshire, IL 60069

Certificate For:
☐ Contract Number:
☐ License Type:
☐ Purchase Order Number:
☐ Official Publication Number:
☐ Lease:

City Department/Division For Which Goods or Services Provided

Cancellation

NOTWITHSTANDING THE EXPIRATION DATES SET FORTH IN THIS CERTIFICATE, SHOULD ANY OF THE HEREIN DESCRIBED POLICIES BE CANCELLED, CHANGED, OR NOT RENEWED, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

ISSUING REPRESENTATIVE CARRIES ERRORS AND OMISSIONS COVERAGE
☐ YES ☐ NO

AUTHORIZED REPRESENTATIVE _____